

**EPA**United States  
Environmental Protection  
Agency**FORM R TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category or Generic Name

CHROMIUM COMPOUNDS

**WHERE TO SEND  
COMPLETED FORMS:**

1. EPCRA Reporting Center

P.O. Box 3348

Merrifield, VA 22116-3348

ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE

(See instructions in Appendix F)

Enter "X" here if  
this is a revision**Important: See instructions to determine when "Not  
Applicable (NA)" boxes should be checked.**

For EPA use only

**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.  
REPORTING  
YEAR**

1996

**SECTION 2. TRADE SECRET INFORMATION**

2.1

Are you claiming the toxic chemical identified on page 3 trade secret?

☐Yes. (Answer question 2.2;  
Attach substantiation forms)☒No (Do not answer 2.2;  
Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

**SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

WILLIAM M. ROSEN

MANAGER

Signature

Date Signed

09-10-97

**SECTION 4. FACILITY IDENTIFICATION**

4.1

Facility or Establishment Name

ALASKAN COPPER WORKS

TRI Facility ID Number

98134LSKNC32006

Street Address

3200 6TH AVE. SOUTH

City

SEATTLE

County

KING

State

WA

Zip Code

98134-

Mailing Address (if different from street address)

P. O. BOX 3546

City

SEATTLE

State

WA

Zip Code

98124-

PUT LABEL HERE



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# EPA FORM R

## PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

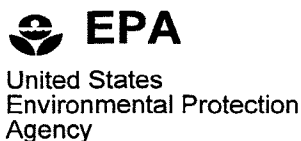
TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category or Generic Name
CHROMIUM COMPOUNDS

### SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	<b>This report contains information for:</b> (Important check a <u>or</u> b; check c if applicable)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility		c. <input type="checkbox"/> A Federal facility	
4.3	Technical Contact	Name SHAWN RAJABI, ECR				Telephone number (include area code) (800) 800-7644		
4.4	Public Contact	Name JAMES C. BROWN				Telephone number (include area code) (206) 623-5800		
4.5	SIC Code (4-digit)	a. 3498	b. 3443	c. 3471	d.	e.	f.	
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
		47	34	23	122	19	29	
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 009255571 b.			
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. WAD980738546 b.			
4.9	Facility NPDES Permit Number(s) (9 characters)				a. S03000139 b.			
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. N/A b.			

### SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	ALASKAN COPPER COMPANIES, INC.
5.2	Parent Company's Dun & Bradstreet Number	
	<input type="checkbox"/> NA	009255571



# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category or Generic Name
CHROMIUM COMPOUNDS

### SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you complete Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	N090
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	CHROMIUM COMPOUNDS
<b>1.3</b>	Generic Chemical Name (Important: Complete <b>only</b> if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
	NA

### SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you complete Section 1 above.)

<b>2.1</b>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

### SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

<b>3.1</b>	<b>Manufacture the toxic chemical:</b>	a. <input type="checkbox"/> Produce b. <input checked="" type="checkbox"/> Import	If produce or import: c. <input checked="" type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
<b>3.2</b>	<b>Process the toxic chemical:</b>	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
<b>3.3</b>	<b>Otherwise use the toxic chemical:</b>	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

### SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

<b>4.1</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div>	(Enter two-digit code from instruction package.)
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**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC**  
**INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category or Generic Name

CHROMIUM COMPOUNDS

**SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE**

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	15	O	
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1 Stream or Water Body Name					
NA					
5.3.2 Stream or Water Body Name					
5.3.3 Stream or Water Body Name					
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA			
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA			
5.5	Disposal to land on-site				
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/> NA			
5.5.1B	Other landfills	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> Check here only if additional Section 5.3 information is provided on page 5 of this form.					

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**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC**  
**INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category or Generic Name

CHROMIUM COMPOUNDS

**SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE**

Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4 Stream or Water Body Name			
5.3.5 Stream or Water Body Name			
5.3.6 Stream or Water Body Name			

**SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**
**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)**
**6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)

Basis of Estimate  
(enter code)

A

M

**6.1.B POTW Name and Location Information**

6.1.B.1 POTW Name

6.1.B.2 POTW Name

METRO

Street Address

821 SECOND AVE

Street Address

City

SEATTLE

County

KING

City

County

State

WA

Zip Code

98104-

State

Zip Code

-

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box **1** and indicate which Part II, Section 5.3/6.1 page this is, here. **1** (example: 1, 2, 3, etc.)



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Agency

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC**  
**INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category or Generic Name
CHROMIUM COMPOUNDS

**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

<b>6.2.1</b>	Off-site EPA Identification Number (RCRA ID No.)			AZD980735500		
Off-Site Location Name		WORLD RESOURCES COMPANY				
Street Address		8113 WEST SHERMAN				
City		PHOENIX			County	
					MARICOPA	
State		AZ		Zip Code		85043-
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>A. Total Transfers (pounds/year)</b> (enter range code or estimate)		<b>B. Basis of Estimate</b> (enter code)		<b>C. Type of Waste Treatment/Disposal/</b> Recycling/Energy Recovery(enter code)		
1. 10911		1. M		1. M24		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		

**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

<b>6.2.2</b>	Off-site EPA Identification Number (RCRA ID No.)					
Off-Site Location Name						
Street Address						
City					County	
State		Zip Code		-		
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A. Total Transfers (pounds/year)</b> (enter range code or estimate)		<b>B. Basis of Estimate</b> (enter code)		<b>C. Type of Waste Treatment/Disposal/</b> Recycling/Energy Recovery(enter code)		
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **1** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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Environmental Protection  
Agency

## EPA FORM R

# PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134LSKNC32006

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## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ **Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.**

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.1c	7A.1d	7A.1e
NA			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.2c	7A.2d	7A.2e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.3c	7A.3d	7A.3e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.4c	7A.4d	7A.4e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.5c	7A.5d	7A.5e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box  and indicate which page 7 this is, here.  (example: 1, 2, 3, etc.)



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**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC**  
**INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

98134LSKNC32006

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**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

☐ **Not Applicable (NA)** - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1.  2.  3.  4.

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

☐ **Not Applicable (NA)** - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.  2.  3.  4.  5.   
6.  7.  8.  9.  10.





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**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC**  
**INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category or Generic Name

CHROMIUM COMPOUNDS

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

All quantity estimates can be reported using up to two significant figures.		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released*	15	15	15	15
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	9762	10911	10000	10000
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	305	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0056.00	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W19	a. T04	b. T02	c.	
8.10.2	W29	a. T03	b.	c.	
8.10.3	W36	a. T01	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

\* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.